

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

Richard G. Summers,

Plaintiff,

v.

County of Charleston and/or The Charleston  
County Sheriff's Department, Deputy R. Stern,  
Deputy M. Sharpe, Deputy H.E. Bohlander,

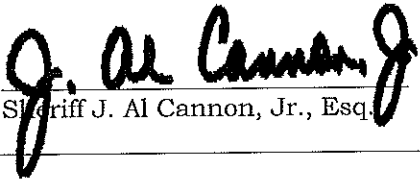
Defendants.

Civil Action No.: 2:10-cv-03291-RMG-BM

**Exhibit 13**

**Charleston County Sheriff's Office  
Policy and Procedure Manual**

**Procedure 5-06  
Responding to Emotionally Disturbed  
Persons and the Mentally Ill**

<b>5-06 RESPONDING TO EMOTIONALLY DISTURBED PERSONS AND THE MENTALLY ILL</b>		
<input type="checkbox"/> NEW	<input type="checkbox"/> REVISED	<input checked="" type="checkbox"/> REVIEWED
CALEA STANDARDS REF. NUMBERS: 41.2.7		
APPROVED:		
		3/4/05 Date

I. Purpose

To define and establish guidelines regarding the interaction of agency personnel with persons suspected of suffering from mental illness.

II. Policy

The Charleston County Sheriff's Office will strive to deal with emotionally disturbed and mentally ill persons in a compassionate safe manner to protect the individual, the public, family members and deputies.

III. Definitions

- A. Emergency Protective Custody (EPC): The process of a law enforcement officer taking a person into custody for protection when there exists a likelihood of serious harm to the person or others.
- B. Emotionally Disturbed Person (EDP): A person in an irrational emotional state. The condition may be associated with situational, medical or substance-related causes. There may, or may not be, an underlying mental illness related to the emotional state.
- C. Emotionally Ill: Interchangeable with "mentally ill" for the purpose of this policy, usually a temporary or situational condition.
- D. Involuntary Commitment: The process of detaining a person who is endangering him/herself or others and arranging for or transporting the subject to a mental health facility for evaluation. Only a medical doctor can determine if a commitment is necessary.

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- E. Likelihood of Serious Harm: Due to mental or emotional illness or excessive alcohol or drug use there is:
    - 1. A substantial risk of physical harm to the subject as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm;
    - 2. A substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior and serious bodily harm to themselves, or;
    - 3. A very substantial risk of physical impairment or injury to the person him/herself as manifested by evidence that such person's judgment is so affected that he/she is unable to protect him/herself in the community and that reasonable provision for his/her protection is not available in the community.
  - F. Mental Illness: Various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.
  - G. Mentally Ill: A person suffering from mental illness. For purposes of this policy the term "mentally ill" will also refer to Emotionally Disturbed Persons and those suffering from chemical abuse or influence.
  - H. Order of Detention: An order issued by a Probate Court Judge requiring detainment of a person for mental health evaluation. The order is based on the affidavit of someone who feels commitment is necessary.
  - I. Voluntary Commitment: The process when a person voluntarily enters a mental health treatment center on his/her own accord.
- IV. Procedure
- A. Recognizing Abnormal Behavior

Mental illness is often difficult for even the trained professional to define in a given individual. Deputies are not expected to make judgments of mental or emotional disturbance but rather to recognize behavior that is potentially destructive and/or dangerous to the individual or others. The following are general signs and symptoms of behavior that may suggest mental illness or emotional disturbance. Deputies should not rule out

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other potential causes such as reactions to narcotics or alcohol, reactions to medication, physical illness or injury or temporary emotional disturbances that are situational motivated. Deputies should evaluate the following and related symptomatic behavior in the total context of the situation when making judgments about an individual's mental state and need for intervention if a crime has not been committed.

1. Degree of Reactions: Mentally ill persons may show signs of a strong and unrelenting fear of persons, places or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation. Authority figures, especially the uniformed police officer, may cause a particularly strong reaction of fear, suspicion or violent behavior.
2. Appropriateness of Behavior: An individual who demonstrates extremely inappropriate behavior for a given context may be emotionally or mentally ill.
3. Extreme Rigidity or Inflexibility: Mentally or emotionally ill persons may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with a situation.
4. In addition to the above, a mentally ill person may exhibit one or more of the following characteristics:
  - a. Abnormal memory loss related to such common facts as name, home address, date, etc. (Memory loss may also be a result of physical ailments such as Alzheimer's disease.)
  - b. Delusions, such as the belief in thoughts or ideas that are clearly false, or paranoid delusions such as feelings that "Everyone is out to get me."
  - c. Hallucinations of any of the five senses such as hearing voices commanding the person to act, feeling one's skin crawl, smelling strange odors, etc..
  - d. The belief that one suffers from extraordinary physical maladies that are not possible, such as persons who believe that their heart has stopped beating for an extended period of time.

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5. Extreme fright or depression.

(Ref: CALEA 41.2.7 item a)

B. Determining Danger

Not all mentally or emotionally ill persons are dangerous while some may represent danger only under certain circumstances or conditions. The following indicators may indicate that the mentally or emotionally ill person represents an immediate or potential danger to him/herself or others:

1. Availability of weapons to the subject.
2. Statements by the subject that suggest that the person is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendoes to direct threats that, when taken in conjunction with other information, paint a more complete picture of the potential for violence.
3. A personal history that reflects prior violence under similar or related circumstances.
4. Lack of control of emotions such as rage, anger, fright or agitation. Signs of lack of control include extreme agitation, wide eyes and rambling thoughts or speech. Clutching oneself or other objects to maintain control, begging to be left alone, or offering frantic assurances that one is all right may also suggest that the individual is close to losing control.
5. The volatility of the environment is a particularly relevant factor that deputies must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.

C. Dealing with the Mentally Ill

Should a Deputy Sheriff determine that an individual is mentally or emotionally ill and a potential threat to him/herself or others, or may otherwise require police intervention for humanitarian purposes, the following responses should be taken:

1. If not already present or en route, a back-up Deputy Sheriff must be requested.

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2. Deputy Sheriffs should request that the Records Section, during normal working hours, check the Records Management System (RMS) for active Orders of Detention. After hours, this request should be made through the Law Enforcement Communications Center (LECC). If no active order is located in RMS, the on-call personnel of the Therapeutic Transport Unit should be contacted to see if they are in possession of an order against the individual.
3. Take steps to calm the situation. Where possible eliminate lights and sirens, disperse crowds, and assume a quiet and non-threatening manner when approaching or conversing with the person.
4. Move slowly and do not excite the person. Provide reassurance that the police are there to help and that appropriate care will be provided.
5. Communicate with the person to determine what is bothering him/her. Relate concern for his/her feelings and allow him/her to vent feelings. Where possible gather information about the person from acquaintances and/or family members. Request professional assistance if needed.
6. Do not threaten the person with arrest or in any other manner as this may cause additional fright, stress and potential aggression.
7. Avoid topics that may agitate the person and guide the conversation toward subjects that help bring the person back to reality.
8. Always attempt to be truthful with a mentally ill person. If the subject becomes aware of deception he/she may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.
9. Care should be taken when dealing with mentally ill persons during interviews and in-custody interviews. Mentally ill persons should never be left alone and if there is any indication of unpredictable or violent behavior two Deputy Sheriffs should be with the person at all times. The person should be restrained as necessary and searched for weapons.

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10. The Deputy Sheriff will assess all of the circumstances gathered during the contact with the suspected mentally ill person and exercise responsible judgment on a course of action to be taken. If the Deputy Sheriff determines that no grounds for Emergency Protective Custody are present, a responsible party (i.e., family member, guardian, or acquaintance), if available, will be advised of the process for obtaining an Order of Detention and will be referred to Probate Court.

**D. Taking Custody of the Mentally Ill/Transporting Mentally Ill Persons**

The authority of a Deputy Sheriff to take an individual into custody because the individual is a threat to him/herself or others is an inherent part of the role of the Deputy Sheriff. Deputies may take mentally or emotionally ill persons, or persons suffering from excessive alcohol or drug use, into custody to prevent harm to the individual and/or others.

1. Emergency Protective Custody: Deputies may take a person into Emergency Protective Custody when the Deputy Sheriff believes the person is dangerous to him/herself and/or others and there is a likelihood of serious harm presented by the person to him/herself or others.
2. Other considerations that might impact the decision to take a person into Emergency Protective Custody include, but are not limited to:
  - a. statements by the subject indicating suicidal intentions or death threats;
  - b. past history of mental illness or treatment;
  - c. past history of threats to self or others;
  - d. observations indicating suicidal or homicidal intentions such as a suicide note, 911 calls, and comments to deputies or others;
  - e. evidence of excessive alcohol or drug use; or
  - f. statements by family members.



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3. Deputies must fully document their reasons for believing that Emergency Protective Custody is necessary.
4. Emergency Protective Custody During Business Hours: The subject should be taken to the appropriate mental health facility.
5. Emergency Protective Custody After Business Hours: The subject should be taken to the closest Hospital Emergency Room. The Emergency Room physician will determine what action is appropriate.
6. Emergency Protective Custody Transport: Charleston County EMS is available to transport the subject when circumstances dictate; otherwise the subject will be transported by a Deputy Sheriff. One or more deputies may be needed to go to the Emergency Room and/or ride in the ambulance if the subject is combative or uncooperative. The on scene Deputy Sheriff should consult with a supervisor to determine if two deputies are needed to transport based on the subject's behavior and history. If the subject is, or has, demonstrated unpredictable and potentially dangerous behavior two deputies should transport and the appropriate restraining devices used. (Ref: CALEA 41.2.7 item c)

**E. Community Resources**

1. Mobile Crisis is an emergency response team of the Charleston/Dorchester Counties Community Mental Health Center and can be contacted for further guidance when dealing with persons with mental illness. Mobile Crisis will respond to the scene if appropriate, or Mobile Crisis may request the Deputy Sheriff to transport the subject to the Mental Health Center for an evaluation only. If a transport is requested by Mobile Crisis, and the subject refuses to go voluntarily, the Deputy Sheriff must ensure that the conditions exist to take the subject into Emergency Protective Custody. Once Mobile Crisis evaluates the subject, the Sheriff's Office will assist in the disposition of the subject.
2. Other various mental health centers in the area are:
  - a. Medical University of South Carolina;



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- b. Children/Adolescents/Families Services;
  - c. Children/Adolescents/Families-New Endeavors;
  - d. Charleston Adult Services;
  - e. Charleston Center/New Life/Sojourner;
  - f. Tri-County Crisis Stabilization Center;
  - g. Charleston County Probate Court-Commitment Division;
  - h. South Carolina Department of Mental Health;
  - i. MUSC Mental Health Center.
3. Additional resources and procedures for access can be found at: [www.state.sc.us/dmh/](http://www.state.sc.us/dmh/) (Ref: CALEA 41.2.7 item b)

**F. Training**

1. All deputies will receive training regarding the mentally ill and emotionally disturbed persons as part of their initial training. Training will include recognition of persons suffering from mental illness, guidelines for dealing with these persons, procedures for Emergency Protective Custody and serving commitment process, and community mental health resources. (Ref: CALEA 41.2.7 item d)
2. All deputies will receive refresher training every three years regarding dealing with mentally ill persons. (Ref: CALEA 41.2.7 item e)